

Australian Music Therapy Association

Consultation response: Planning policy for personalised budgets and flexibility

About the Australian Music Therapy Association

The Australian Music Therapy Association (AMTA) is the peak body for music therapy in Australia. AMTA represents Registered Music Therapists (RMTs), music therapy students and advocates for access to music therapy on behalf of the community. Our mission is to enable, advance and advocate for excellence in music therapy.

AMTA is the regulating body responsible for registering music therapists, accrediting music therapy courses, and maintaining professional standards and ethics. A member organisation of Allied Health Professions Australia (AHPA) and National Alliance for Self-Regulating Professions (NASRHP), AMTA supports Registered Music Therapists (RMTs) to use research-based practice that actively promotes the health, wellbeing and functioning of Australians.

RMTs work in private practice and in allied health teams in hospitals, residential facilities, community services and schools. They use evidence-based music therapy techniques to promote better health outcomes for vulnerable and unwell Australians. There are currently 626 RMTs in Australia with 152 registered as NDIS providers of music therapy services.

AMTA welcomes the opportunity to provide this response to proposed changes to the NDIS.

AMTA has prepared this response in conjunction with the Disability Working Group of AMTA.

Key points

- AMTA welcomes policies to improve plan budgets and address inequities in plan budget sizes. Providing consistency in planning decisions and more choice and control for participants will increase confidence in the Scheme.
- AMTA supports increasing plan flexibility – this is a significant improvement in providing for choice and control for the participants of the NDIS.
- AMTA is concerned some aspects of this policy actively erode the central NDIS principle of participant choice and control. A more collaborative approach to the development of draft budgets, planning processes and check-ins, and the right to review and appeal will increase cooperative decision making and empower the participant, promoting choice and control.
- AMTA is concerned by the central principles of this policy that suggest individual plans and budgets are limited by and referenced to the sustainability of the Scheme. This reinforces the perception that the intent of these reforms is to minimise the cost of the Scheme.
- AMTA is concerned that the definition of Reasonable and Necessary funding is not included in objective terms in this policy.

Sustainability of the NDIS

The AMTA notes that the principles of the NDIS Planning Policy for Personalised Budgets and Plan Flexibility includes “*a commitment that the new process will: a. provide personalised budgets which balance individual circumstances and the sustainability of the NDIS*”. AMTA has serious concerns that individual plans and budgets are limited by and referenced to the sustainability of the Scheme. This statement as a core principle of the policy reinforces the perception that the intent of these reforms is to minimise the cost of the Scheme.

Enshrining the funding of the NDIS in Commonwealth legislation would better serve the interests of the Scheme as an insurance model, whereby any Australian citizen can have access should they have a permanent disability. Plan sizes should not be determined by the systemic issue of poor funding arrangements.

Determining reasonable and necessary funding

AMTA is concerned that the definition of Reasonable and Necessary funding continues to evade definition and is a subjective judgement. The need for a clear definition and certainty about what constitutes reasonable and necessary was identified in the Tune review.

Without input from known treating professionals, plans may not reflect the true range of needs requiring funding. A draft budget based on a 3-hour assessment of Functional Capacity and determined by the delegate is inadequate. In this environment, applicants will be required to plan and prepare for this assessment so that this is a true reflection of their capacity, and to ensure the funding they receive will be *reasonable and necessary*. This assessment is designed to determine **functional capacity** and determine access to the scheme. It is unclear how this budget will be aligned with a person’s goals and what is required to lead an “ordinary life” for this participant. Time to explore and incorporate such elements into a personalised plan will likely require more than 3 hours and an experienced and well qualified Independent assessor..

AMTA’s concerns about independent assessments are noted in AMTA’s other submission.

Delegates must be highly experienced and qualified to identify additional assessment needs, to develop comprehensive plans and develop a draft budget. To date the ability of delegates to provide comprehensive plans has been variable. The skills, training and experience of delegates needs to be addressed as a priority.

The concepts of personalised budgets and plan flexibility are a welcome change. AMTA is encouraged that the delegate will share the draft budget and the draft plan prior to a meeting with the applicant. However, the process for developing a budget is unclear. A truly personalised budget would be closely aligned to the applicant’s goals and functional needs in order to lead an ordinary life. The consultation paper notes that draft budgets “*will only be changed in specific circumstances*”. This suggests that this is in effect, the *final budget*, not a draft, with limited scope for review and personalisation under specific circumstances.

Limited access to budget review reinforces the importance of the Independent Assessment as the primary mechanism for resource allocation decisions. Independent Assessments will have far-reaching and long-term consequences. A 3-hour assessment timeframe is unlikely to provide a comprehensive and wholistic view of the applicant or be adequate for planning and budget

development. AMTA is concerned that a budget (that could last for five years) is based on a relatively short amount of assessment time, by a professional likely to be unknown to the applicant.

To develop *personalised* budgets and plans, the planner will require rich information about the applicant to formulate them appropriately. In the current conception, these plans are likely to be broad descriptions based on estimates of what is generally required. Accurate terminology is required which better describes nature of the budgeting and planning process and is less misleading.

Within the new process, participants will be asked to retrofit the draft budget to their requirements. The process detailed demonstrates that participants will receive a pool of money in a draft budget and then asked to start to think about what supports will meet their disability related needs. This means that participant's goals and reasonable and necessary supports are restricted to what has been provided in the budget.

To be truly *personalised*, a planning meeting should *precede* the draft plan and draft budget formulation. After this meeting the delegate/ planner could revise and develop a final budget and discuss this with the participant. In the current process the delegate is required to estimate and anticipate elements of a plan which rightly belong in a discussion with the participant. As it currently stands the principles of choice and control for a participant are reduced and instead afforded to the planner.

Plan variation without the need for a new Independent assessment or delegation is a practical and welcome policy.

Flexible and fixed budgets

Fixed and flexible budgets are a significant improvement in providing for choice and control for the participants of the NDIS. Restriction of funding allocated in different categories has been a huge problem for many participants. Many participants find they have excess funds in one category whilst in other categories funds are exhausted. Recent NDIS directives although poorly communicated and difficult to locate on the website, allowed Core funding to be used for Capacity Building when funds were exhausted, demonstrated this need to transfer funds from one category to another without a plan review. ([ndis.gov.au/providers/working-provider/allied-health-professionals](https://www.ndis.gov.au/providers/working-provider/allied-health-professionals); Funding Categories 2. Assistance, June 2020).

Appeals rights and complaints

The premise that the Independent Assessments are sound and robust and therefore not reviewable is contentious. These assessments are not designed for the purpose they are being used for by the NDIS and are collated from the best assessments currently available. (*Independent Assessment of selection tool_ 30.09.2020_v1.0_final(1) p. 9*). An assessment of functional capacity, undertaken in 3 hours is also unlikely to be full and comprehensive, but merely a snapshot in time. Complaints processes must be transparent, easily understood in accessible formats and communicated through various media to ensure participants rights are upheld and able to be exercised.

Response to consultation questions

How should a participant's plan be set out so it's easier to understand?

The AMTA recommends plans are presented in clear and accessible formats, appropriate to the participant (e.g. Braille, plain English, use of translated materials or interpreters.)

How can we make it easy for participants to understand how their funding can be spent?

A planning meeting should precede the draft plan and draft budget formulation, to enable cooperative decision making and to discuss the breadth of options available to the participant. After this meeting the delegate/ planner could revise and develop a final budget and discuss this with the participant. Information, as outlined above, should be prepared in the most appropriate format to support participant collaboration and decision making.

How can we support participants to prepare for a planning meeting?

The best way to support participants, their families and their chosen representatives to prepare for their planning meeting is ensuring they understand the process comprehensively and deeply ahead of time – so they have a complete vision of what is ahead and they feel empowered within it.

Participants should have access to comprehensive information regarding the whole process and the step that they are up to, including the supports they can have involved and the aspects of the plan which need to be considered. Some examples of things to consider or a checklist may assist and guide.

AMTA recommends the planning meeting should *precede* the draft plan and draft budget formulation. After this meeting the delegate/ planner could revise and develop a final budget and discuss this with the participant.

Which supports should always be in the fixed budget? What principles should apply in determining when supports should be included in the fixed budget?

Large cost capital items are all that should be included in fixed budgets and these should be determined based on the recommendations of qualified allied health professionals and the progress of a participant's outcomes towards greater social and potential economic participation.

How can we assure participants that their plan budgets are at the right level? (e.g. panels of the Independent Advisory Council that meet every six-months to review learnings and suggest improvements)

The NDIS needs to ensure that plan budgets are at the right levels by implementing appropriate consultations with participants and applicants prior to budgets being drafted. To deliver truly *personalised* budgets, it would be incumbent on the NDIS to discuss with each applicant their budget prior to the draft stage.

What new tools and resources should we provide to support people using their plan and new plan flexibilities?

Participants/applicants need information on the range of services available and information regarding the best use of their plan to achieve their goals. Well informed and highly trained Planners and Delegates are required. Ongoing and updated training and information should be a requirement for all Planners and delegates.

What ideas do you have for how people can use their plan more innovatively?

Planners and delegates will be best positioned to provide this information to participants and therefore their skills, knowledge and expertise needs to be constantly updated.

How best to handle the timing of the release of funds into plans and rollover of un-used funds?

Timing of release of funds should be determined by the participant and in consultation and with guidance of the delegate/ planner. Delegates should only make these decisions in limited and defined circumstances and after discussion with the participant.

How should check-ins be undertaken? Under what circumstances is a check-in needed? Who should be involved in a check-in?

Check -ins should be determined by the participants with guidance and discussion from the NDIS. In the first year of implementation this may be appropriate at 3 monthly period, in line with release of funds. Subsequently, annual check ins may suffice.

How can the NDIS ensure positive relationships between participants and planners?

By respecting participants as experts in their own lives and ensuring that these policy documents and all communications are respectful and transparent, empowering people to make their own decisions and providing for choice and control. AMTA refers to our earlier points in this submission regarding collaborative approaches to developing draft plans and budgets.

How can we best support participants to transition to this new planning model?

Transition to this model will require communication with participants and applicants in various media, in various accessible formats and discussion forums, with transparency at all times. Existing participants will need specific information about changes that will impact on their plan, budget and supports.